

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: Kansas

Citation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of  
1902(a)(13) 42 CFR Part 447, Subpart C, and sections  
and 1923 of 1902(a)(13) and 1923 of the Act with respect to  
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and  
standards used to determine rates for payment for  
inpatient hospital services.

☐ Inappropriate level of care days are covered  
and are paid under the State plan at lower  
rates than other inpatient hospital services,  
reflecting the level of care actually  
received, in a manner consistent with section  
1861(v)(1)(G) of the Act.

☒ Inappropriate level of care days are not  
covered.

TN No. MS-91-41  
Supersedes MS-87-22 Approval Date JAN 21 1991 Effective Date OCT 9 1 1991  
TN No. MS-87-22

HCFA ID: 7982E

Revision: HCFA-PM-93-6  
August 1993

(MB)

OMB No.: 0938-

State/Territory: Kansas

Citation  
42 CFR 447.201  
42 CFR 447.302  
52 FR 28648  
1902(a)(13)(E)  
1903(a)(1) and  
1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and  
1902(a)(30) of  
the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State KANSAS

Citation  
42 CFR 447.40  
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

☒ Yes. The State's policy is described in ATTACHMENT 4.19-C.

☐ No.

TN # 77-6 no match w/179 per pg #, same topic  
Supersedes Approval Date 1-27-78 Effective Date 1-1-78

Revision: HCFA-PM-87-9 (BERC)  
August 1987

State: KANSAS

Citation

42 CFR 447.252  
47 FR 47964  
48 FR 56046  
42 CFR 447.280  
47 FR 31518  
52 FR 28141

4.19 (d)



- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.



At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.



At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.



Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

TN No. MS-87-36

Supersedes

TN No. MS-84-7

Approval Date 10-24-87

Effective Date 10-1-87

60a

Revision: HCFA-PM-87-9 (BERC)  
August 1987

State: KANSAS

Citation 4.19 (d) (Continued)

42 CFR 447.252  
through  
42 CFR 447.280

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☒ At the average rate per patient day paid to ICFs, other ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☐ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

☐ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. MS-87-36  
Supersedes  
TN No. MS-84-7

Approval Date 10-24-87

Effective Date 10-1-87

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State KANSAS

Citation  
42 CFR 447.45 (c)  
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

Okay

TN # 79-3  
Supersedes

179 does not show pg #, but same topic  
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Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: Kansas

Citation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. MS-87-22

Supersedes

TN No. MS-83-27

Approval Date Sept 1, 87

Effective Date 4/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State KANSAS

Citation

42 CFR 447.201

42 CFR 447.202

AT-78-90

4.19 (g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

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TN # 79-3  
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Approval Date 12-14-79

Effective Date 10-1-79



Revision: HCFA-AT-80-60 (BPP)  
August 12, 1980

State KANSAS

Citation	4.19(h)	The Medicaid agency meets the requirements
42 CFR 447.201		of 42 CFR 447.203 for documentation and
42 CFR 447.203		availability of payment rates.
AT-78-90		

179 does not show this pg  
TN # 79-3  
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Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State KANSAS

Citation  
42 CFR 447.201  
42 CFR 447.204  
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

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